

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016035

STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 938

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS (If outside, give location) 4115 Itaska St.	
3. NAME OF DECEASED (Type or print) LEROY E. BOWEN		4. DATE OF DEATH Month Apr. Day 6 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman-McDonnell Aircraft Co.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.	
13a. FATHER'S NAME Edward C. Bowen		13b. MOTHER'S MAIDEN NAME Margurite Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (near unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 500-32-3717	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries, shock and hemorrhage		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Motorcycle which he was operating ran into rear of truck stopped in back of school bus which was discharging children	
20c. TIME OF INJURY Hour 4:00 Minute 00 Month 4/6/59 Day 6 Year 59		20d. CITY, TOWN, OR LOCATION Rural St. Louis Missouri	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION Rural St. Louis Missouri	
21. I attended the deceased from Death occurred at 5:50 P.M.		22a. SIGNATURE (Degree or title) Coroner	
22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 4/14/59	
23a. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23b. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 4-7-59	
26. REGISTRAR'S SIGNATURE Jahn C. Murphy M. Dir.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard W. Storvick

Licensed Embalmer No. 4007.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.